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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028897
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 128 Primary Registration District No. Registrar's No. 792A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): 2nd. Jackson Twnshp. Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home Length of stay in 1b: 14 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Strafford 0390 Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2nd. Jackson Twnshp Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Silas Middle: J. Last: West

4. DATE OF DEATH Month: August Day: 9 Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 2, 1889

9. AGE (In years last birthday): 69 IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Farmer & Mr. Emp.

10b. KIND OF BUSINESS OR INDUSTRY: Farm & Railrd.

11. BIRTHPLACE (City and state or country): Greene Co., Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Silas M. West

13b. MOTHER'S MAIDEN NAME: Mattie Willoughby

14. NAME OF HUSBAND OR WIFE: Zola West

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 550-30-5185

17. INFORMANT: Hugh Kennedy Address: Springfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: approx 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 8, 1958, to Aug 9, 1958 and last saw ~~her~~ him alive on Aug. 9, 1958
Death occurred at 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James E. Krabbenhoft

22b. ADDRESS: 1630 N. Jefferson Springfield, Mo.

22c. DATE SIGNED: Aug 15, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 11, 1958

23c. NAME OF CEMETERY OR CREMATORY: Mullinax Cemetery

23d. LOCATION (City, town, or county) (State): Greene County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Rex Rainey--Springfield, Missouri

25. DATE RECD. BY LOCAL REG.: 8-18-58

26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 8 1956

SEP 4 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ----------, Student Embalmer No. ------ working under my personal supervision.

Student ---------- Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 3312

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.